



Kingstown Co-operative Credit Union

SECONDARY SCHOOL SCHOLARSHIP FORM

Information should be entered in BLOCK letters

Kindly fill form with the correct information

Student Name

First Name

Last Name

Gender

Address

Street Address

School of attendance

Exam index number

Nationality

Name of member

First Name

Last Name

Relationship to child

Select the appropriate box to explain the child's current parental status:

Single parent/guardian
both parents/guardian

Name of mother

First Name Last Name

Occupation

Place of Employment

Monthly Income (in XCD \$)

Mobile Number

Name of father

First Name Last Name

Occupation

Place of Employment

Monthly Income (in XCD \$)

Mobile Number

Name of legal guardian (proof of legal guardianship must be submitted)

First Name Last Name

Occupation

Place of Employment

Monthly Income (in XCD \$)

Mobile Number

What is the highest parental education level?

- university/college
- secondary
- primary
- skill based certification

State the number of children in household under 18 years of age attending school

Are any of these child/children listed above on a scholarship?

- yes
- no

Has the applicant applied for any other scholarship?

- yes
- no

If yes, state the name(s) of the other scholarship(s)

Declaration- I hereby declare that the information above is true and accurate to the best of my knowledge.

yes

no

Date

Month Day Year